SUPPLEMENTAL QUALIFICATIONS STATEMENT

Form Approved OMB No. 3206-0038

LIST OF COLLEGE COURSES AND CERTIFICATE OF SCHOLASTIC ACHIEVEMENT

Complete and submit this Form with your Application for Federal Employment or as instructed.

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1. Name (Last, First, M.I.)					2.	. Birth date (Month, day, year)	3. Social Security Number						
4. Position for which you are applying	(Include opti	ons, if a	any)					-					
5. List the undergraduate and/or gra			ees you	u have	receive	ed or	expect to receive (Give name of deg	ree, name of c	college	or univ	ersity		
6. State your major undergraduate cour	se(s) of stud	у				68	a. State your major graduate course(s) of study					
			F	PART	– COL	LEG	GE COURSES						
List below by appropriate academic failed) which appear to satisfy the c Credits for each category should be to	qualification	require	ements	of pos	itions fo	or wh	nich you are applying. List graduate						
Indicate academic field:						In	ndicate academic field:						
			CRE	DIT HO	URS	-				CREDIT HOURS			
DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	
TOTAL							TOTAL						

Indicate academic field:						Indicate academic field:						
	CREDIT HOURS								CREDIT HOURS			
DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE		QTR.	CLASS ROOM	
TOTAL						TOTAL						
Indicate academic field:						Indicate academic field:						
	CREDIT HOURS								CRE	DIT HO	URS	
DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	
TOTAL						TOTAL						

MISCELLANEOUS COURSES												
			CREDIT HOURS						CREDIT HOURS			
DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	
TOTAL						TOTAL						

PART II - PRIVACY ACT STATEMENT AND CERTIFICATION

The Office of Personnel Management is authorized by section 1302 of Chapter 13 (Special Authority) and sections 3301 and 3304 of Chapter 33 (Exami nation, Certification, and Appointment) of Title 5 of the U.S. Code to collect the information on this form

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are:

- 1. To make requests for information about you from any source; (e.g., former employers or schools), that would assist an agency in determining whether to hire you;
- 2. To refer your application to prospective Federal employers and, with your consent, to others (e.g., State and local governments) for possible employment;
- 3. To a Federal, State, or local agency for checking on violations of laws or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;
- 4. To the courts when the Government is party to a suit; and
- 5. When lawfully required by Congress, the Office of Management and Budget, or the General Services Administration.

Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to take approximately 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E. Street, N.W., Room CHP 500 Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0038), Washington, D.C. 20568.

ATTENTION – THIS STATEMENT MUST BE SIGNED Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation.

CERTIFICATION I CERTIFY that all of the statements made in this Statement	Signature (Sign in ink)	Date Signed
are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.		

PART III – SCHOLASTIC ACHIEVEMENT

NOTE: This part is for use of college students and graduates who may qualify for some GS-7 positions on the basis of undergraduate scholastic achievement, as provided in an open job announcement. *See the appropriate job announcement for complete requirements.* Proof of scholastic achievement under one of these provisions should not be submitted with your application, but will be required by the hiring agency at the time of appointment. If you do not wish to qualify on this basis or if you do not meet the scholastic requirements for the position, do not complete this part. In any case, YOU MUST SIGN YOUR NAME AFTER THE CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 3.

A.	 COLLEGE OR CLASS STANDING. Must be in upper third of your subdivision such as School of Engineering, School of Business Administration. 		ass in the co	ollege	or uni	versity,	or major	
	NUMBER IN CLASS YOUR STAND	DING						
	Proof of class standing should be in the form of a statement in writing from the institution's statement of class standing must be based on a suitable measure of your academic perforn assessment, and must indicate the basis of the judgment. Class standing must be based (e.g., the School of Business Administration, the College of Arts and Sciences, etc.). Subdivi university, such as the English Department or the Accounting Department, are not recognized.	nance, such as the on your standing sions below this	e results of a com g in your colleg s level, i.e., a	preher ge or u single	nsive exar	nination of or the fir	r an overal est major si	ll faculty ubdivision
В.	to you, using one of the methods below. Your grade-point average mu 4 years, the last 2 years, or courses completed in the major field of streeperiod covered by checking the appropriate boxes in item 2 and in below on this page.	st be expressed that state is stated as the expression of the expr	ed in terms of puting your G	of a PA,	value or indicate	a 4.0 s	scale base ethod use	ed on ed and
	GPA as recorded on final transcript (Trans	script must co	ver at least th	e last	2 years)		
	2. (Check One) Average of undergraduate courses		Average in ma		-			
	3. (Check One) At time of filing*	All 4 years	C		_	t 2 years		
	3. (Check One) At time of ming.	All 4 years		L	Lasi	i 2 years		
	* You may be rated provisionally eligible if you are a senior student, provided that you evidence at the time of appointment that you maintained the required average during your set		nired average in	the ju	nior year	. You will	be required	l to submit
	In computing your grade-point average, round to the first decimal place, (e.g., 2.95 explain below, or on an attachment, how it compares with the grade-point average on a 4.0 sc		.9, 3.45 = 3.5, 6	etc.).	If your o	college use	es a differe	ent system,
	If more than 10 percent of your courses were graded on a pass/fail or similar system the scholastic achievement provision based only on class standing or members your freshman-year courses (25 percent or less of your total credit) were credited on a pass/fail	hip in a national	honor society.		-		-	
	NO. OF SEMESTER OR QUARTER HOURS AT 4.0 ("A")		X	4	=			
	NO. OF SEMESTER OR QUARTER HOURS AT 3.0 ("B")		X	3	=			
	NO. OF SEMESTER OR QUARTER HOURS AT 2.0 ("C")		X	2	=			
	NO. OF SEMESTER OR QUARTER HOURS AT 1.0 ("D")		X	1	=			
	NO. OF SEMESTER OR QUARTER HOURS AT 0.0 ("F")		X	0	=			
	TOTAL (1)		TOTAL (2))				
	COMPUTED GRADE-POINT AVERAGE Total (2) divided by Total (1)							
C.	Association of College Honor Societies (other than freshman scholarship honor Name of honor society and date you were elected to		ieties meeting	g the	minim	ım requii	rements o	of the